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ABSTRACT

A current trend in counselor education programs is cross-cultural counseling courses designed to develop culturally competent counselors. This study sought to determine the level of importance placed on cross-cultural content in the rehabilitation counselor education curricula. A national sample representing 50% of the National Council on Rehabilitation Education professional membership was surveyed (N=239). Usable surveys were returned from 91 respondents. Respondents completed the Survey of Opinions about Cross-Cultural Counseling by answering demographic and work-related questions and by rating the importance of 32 cross-cultural educational offerings. The results revealed that respondents rated 27 curriculum offerings as important in the preparation of professional rehabilitation counselors. Respondents also identified an additional seven educational offerings or strategies to teach cross-cultural content which they considered important in the rehabilitation counselor education curriculum. None of the respondents' demographic characteristics, except academic training, was associated with their ratings. Five curriculum offerings were rated significantly more important by counseling-trained respondents than by psychology-trained respondents. Additional research is needed to determine the availability of cross-cultural training in rehabilitation counselor education programs. (NB)

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Importance of Cross-Cultural Counseling in Rehabilitation Counseling Curricula

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CG 020688

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Running Head: IMPORTANCE OF CROSS-CULTURAL COUNSELING

Abstract

A current trend in counselor education programs is cross-cultural counseling courses designed to develop culturally competent counselors. This study sought to determine the level of importance placed on cross-cultural content in the rehabilitation counselor education (RCE) curricula. A national sample representing 50 per cent of the National Council on Rehabilitation Education (NCRE) professional membership was surveyed. Respondents rated twenty-seven curriculum offerings as important in the preparation of professional rehabilitation counselors.

Importance of Cross-Cultural Counseling in Rehabilitation Counseling Curricula

Cross-cultural counseling may be defined as a helping relationship in which the counselor and client differ culturally, racially or ethnically. Atkinson, Morten, and Sue (1979) indicate that it includes relationships where: a) the counselor is a majority individual and the client is a minority individual; b) both the client and the counselor are minority individuals, but represent different minority groups, e.g., Black counselor-Hispanic client; c) the counselor is a minority person and the client is a majority individual; or d) the counselor and client are racially or ethnically similar but belong to different cultural groups because of variables such as age, sex, or socio-economic level. The terms cross-cultural counseling, transcultural counseling, multicultural counseling and counseling minorities are often used interchangeably.

Cross-cultural counseling is a relatively recent addition to the counseling field and it is yet to be completely accepted. Opponents of cross-cultural counseling contend that traditional counseling theories and techniques are relevant, appropriate, and effective with all clients regardless of their race, ethnicity or cultural identity. The opponent's position has influenced counseling practice, research and counselor education. Pederson (1978) indicates that there is no counselor education program in the United States that prepares graduate students in the "special

problems and advantages of counseling culturally different clients," pp 233-234. McFadden and Wilson (1977) report that most graduate programs in counselor education, rehabilitation counseling, and student personnel give inadequate treatment to mental health issues of minorities. Further, many minority clients receive ineffective counseling due to inadequate preparation of their counselors (McDavis & Parker, 1977).

Supporters of cross-cultural counseling believe that courses and experience in cross-cultural counseling are necessary because most counselors are culturally encapsulated; i.e., uninformed about cultures other than their own and insensitive to the impact of diverse cultures or their clients' feelings and behavior. Cultural encapsulation is undesirable because it results in counselor-client misunderstandings of verbal and nonverbal messages (Sue & Sue, 1977). Cultural insensitivity impedes the therapeutic process; e.g., establishing and maintaining rapport (Vontress, 1970, 1971). Differential counseling outcomes have been attributed to the cultural inappropriateness of client-counselor interactions (Sue & Sue, 1977). For example, the termination rate of Asian American, Black, Hispanic and native American clients after only one contact was 50% as compared with 30% for White clients.

Copeland (1983) indicates that multicultural counseling has developed in the last twenty years. She explains that attention to the counseling needs of the culturally different is a product of

several societal changes. The consciousness of many professionals was raised by the Civil Rights Movement of the 1960's and the recognition that the United States is a pluralistic, rather than a monolithic society. Consequently more often individuals are recognized as culturally different from the dominant society without being viewed as inferior.

Because of changes in society and the counseling profession, the integration of cross-cultural content into the mainstream of counselor preparation has become more acceptable. Hollis and Wantz (1980, 1983) indicate, that during a three-year period, there has been a substantial increase in the number of counselor education programs that provide cross-cultural educational offerings. This increase has resulted in cross-cultural educational offerings changing from a rank of tenth to a rank of sixth among trends in counselor education. Articles, books, and professional reports stressing the need for cross-cultural counseling and culturally competent counselors regularly appear; e.g., Arrendondo-Dowd & Gonsalves, 1980; Atkinson, Morten & Sue, 1979, 1983; McFadden, Quinn, & Sweeney, 1978. Copeland (1983) concludes that the proliferation of literature on cross-cultural counseling and therapy, especially since 1970, indicates that it is a viable and growing field.

Cross-cultural counseling would seem to have particular relevance for the field of rehabilitation counseling. Wright (1980)

indicates that rehabilitation personnel "should take measures to obtain information and experiences that will enable them to increase their understanding of Blacks. . . . the ethnic minority group most represented in the disabled population," p. 58. The limited success of rehabilitation agencies with Blacks (Atkinson & Wright, 1980) and with Asian Americans, Native Americans, and Hispanics (Royall, 1981) has been reported.

The purposes of this study were: 1) to determine the level of importance placed on cross-cultural educational offerings by rehabilitation professionals; 2) to identify specific cross-cultural educational offerings important in the preparation of master's degree level rehabilitation counselors; and 3) to identify the degree of association between respondents' demographic characteristics and their ratings of the importance of cross-cultural counseling content.

Methodology

Subjects

The survey sample consisted of 239 National Council on Rehabilitation Education (NCRE) members identified in the 1983 NCRE Membership Directory. The technique of systematic sampling (Borg & Gall, 1979) was used to select a 50% sample of the NCRE professional membership. Usable surveys were returned by 91 respondents and ten questionnaires were returned not deliverable, representing a 41% response rate. Demographic characteristics of the respondents are

presented in Table 1.

Insert Table 1 about here

Procedure

An introductory letter and survey questionnaire were mailed to each designated NCRE member. The letter described the importance of the research and encouraged recipients to promptly complete and return the questionnaire. Approximately two weeks later a follow-up letter and a second questionnaire were mailed to all designated NCRE members. Approximately four weeks after the mailing of the initial letter a post card was mailed to each individual as a final reminder.

Instrument

The Survey of Opinions About Cross-Cultural Counseling was developed specifically for this study. The self-report instrument consisted of 44 items; 32 items referred to cross-cultural educational offerings, 8 items referred to respondents' demographic characteristics, and 4 items referred to respondents' work place. The respondents were asked to rate the importance of the educational offerings using a four-point forced choice scale (1 = very important, 2 = somewhat important, 3 = unimportant, and 4 = very unimportant). The educational offerings are listed in Table 2. The instrument also provided space for respondents to list important cross-cultural

educational offerings that had been omitted.

Insert Table 2 about here

Data Analysis

All data collected were self report. Demographic data requested and used for descriptive purposes include respondents': 1) sex; 2) race; 3) major responsibility; 4) academic rank; 5) number of years as a rehabilitation service provider; 6) number of years as a rehabilitation educator; 7) graduate degrees received; and 8) course of study.

Data analyses included categorical frequencies, percentages, measures of central tendency, Kruskal-Wallis one-way analysis of variance of ranks, and Mann-Whitney U Test. Frequencies, percentages, and measures of central tendency were used for description. Kruskal-Wallis' one-way analysis of variance of ranks was used for individual testing of the significant differences in the level of importance of educatinal offerings by different groups of respondents. Mann-Whitney's U Test was used as a follow-up test to the Kruskal-Wallis one-way analysis of variance of ranks.

Results

Table 3 presents a table of means indicating the level of importance for 32 cross-cultural educational offerings in the master's degree level RCE curriculum. Twenty-seven of the

educational offerings obtained a mean rating less than 2.0 indicating that the respondents tended to judge them as very important or somewhat important. The five educational offerings which obtained a mean rating greater than 2.0 (somewhat important or unimportant) include: 1) item 22, $\overline{X}$ = 2.04, SD = .65; 2) item 23, $\overline{X}$ = 2.04, SD = .65; 3) item 29, $\overline{X}$ = 2.07, SD = .85; 4) item 30, $\overline{X}$ = 2.42, SD = .85; and 5) item 31, $\overline{X}$ = 2.65, SD = .84.

Insert Table 3 about here

Respondents identified seven additional cross-cultural educational offerings or strategies to facilitate the learning of cross-cultural content, which they consider important in the RCE curriculum. They include: 1) identification of existing RCE courses wherein cross-cultural content may be integrated; 2) practicum, fieldwork, and internships with minority counselors and supervisors; 3) didactic courses addressing the concerns of elderly minority clients, disabled minority women, and disabled non-minority women; 4) special concerns of minority women rehabilitation professionals; 5) cross-cultural workshop focusing on the concerns of Hispanic clients; 6) psychological anthropology, and 7) courses in languages used by clients generally seen by rehabilitation counselors. Six respondents recommended including cross-cultural content into all RCE courses.

Few of the respondents' demographic characteristics were significantly related to their rating of the importance of individual educational offerings. Specifically there were 256 comparisons made (32 educational offerings x 8 respondent demographic characteristics), but only 13 were statistically significant. This number of significant relationships is approximately expected by chance. In other words, respondents' 1) sex, 2) race, 3) major responsibility, 4) academic rank, 5) number of years employed as rehabilitation service provider, 6) number of years employed as rehabilitation educator, and 7) graduate degrees received were not significantly associated with the respondents' ratings. Their opinions about the importance of cross-cultural offerings were favorable and consistent, and generally were not differentially altered by social characteristics, educational or career experiences.

There was, however, one exception. There was a clustering of significant relationships with regard to the respondents' course of study. Five of the thirteen significant findings were observed in comparisons of respondents who differed by their course of study; i.e., counseling, psychology, or special education. Several Kruskal-Wallis analyses indicated a significant effect involving the following items: 1) item 3 ($X^2 = 7.89$, df = 2, $p < .05$); 2) item 15 ($X^2 = 7.67$, df = 2, $p < .05$); 3) item 20 ($X^2 = 6.83$, df = 2, $p < .05$); 4) item 21 ($X^2 = 10.41$, df = 2, $p < .01$); and 5) item 23 ($X^2 = 10.40$, df = 2, $p < .01$).[1]

Subsequent nonparametric analysis, using the Mann-Whitney U statistic, yielded significant differences between respondents who majored in counseling and respondents who majored in psychology. Because the sample groups were larger than 20, the required z value as opposed to the U value was calculated (Huck, Cormier, & Bounds, 1974). The z, or critical-ratio test results were as follows: 1) item 3, $z = 2.48$, $p < .05$; 2) item 15, $z = 2.23$, $p < .05$; 3) item 20, $z = 2.17$, $p < .05$; 4) item 21, $z = 2.66$, $p < .05$; and 5) item 23, $z = 2.65$, $p < .05$. The critical ratio test comparing respondents who majored in psychology and those who majored in special education indicate $z = 1.75$, $p < .05$ on item 15. Respondents with academic training in counseling or special education rated the educational offering significantly more important than their colleagues who received their training in psychology.

Discussion

When administrators plan cross-cultural interventions and when researchers investigate cross-cultural counseling, their initial assumptions are generally associated with one of two approaches, etic or emic (Draguns, 1981). The etic or cultural universal approach assumes that all people have similar human characteristics; e.g., needs, problems, and values. The emic or cultural specific approach attempts to identify the impact of specific cultural characteristics on the counseling process. Individuals influenced by etic approach would consider traditional counseling services appropriate

for all clients regardless of racial, cultural, or ethnic identity.

McDavis and Parker (1977) report a similar dichotomy among counselor educators' attitudes toward counseling minorities; i.e., 1) existing counseling techniques and strategies are believed to be sufficient and effective for all people regardless of race, sex, or background; or 2) existing counseling models were developed around the culture of middle class white Americans and generally considered to be ineffective with minority clients. The latter group's position tend to be supported by many working counselors who feel that their effectiveness would be vastly improved if they had previous coursework or practicum experiences in counseling ethnic minorities. As reported earlier (Hollis & Wantz, 1980, 1983), there is some indication that counselor educators have become more responsive to this expressed need and more inclined to provide courses in cross-cultural counseling.

The results of this study seem to support the trend. Twenty-seven of the 32 educational offerings obtained a mean rating of less than 2.0, indicating that the respondents perceive them to be very important or somewhat important in the RCE master-degree level curriculum. Rehabilitation professionals, counselor educators and others consider cross-cultural content to be important in the preparation of professional rehabilitation counselors.

Five educational offerings were rated somewhat important to somewhat unimportant; i.e., obtained mean ratings greater than 2.0.

Two concerned benefits of minority counselors counseling majority or minority clients (items 22 and 23). It seems likely that due to the limited number of minority professional rehabilitation counselors, those cross-cultural educational offerings seemed irrelevant. In other words, while counseling literature may identify benefits of using minority counselors (Atkinson, Morten & Sue, 1983), these benefits remain academic and may not be operational until there exists a substantial number of professional counselors who represent different cultural, racial, and ethnic groups.

Items 28 through 32 were designed to assess the importance of different education approaches to teaching cross-cultural content. Copeland (1982) identified four approaches used individually or in conjunction: 1) an individual course, 2) an area of concentration, 3) inter-disciplinary approach with other departments such as sociology,psychology, political science, or ethnic studies, and 4) integration of content into existing courses. The results of this study revealed that respondents tended to rate an elective course in cross-cultural counseling and multicultural practicum/ internship experiences as very important or somewhat important, but rated a required course, several elective courses, or a curriculum specialization in cross-cultural counseling as somewhat important or unimportant. It should be noted that developing an individual course or arranging multicultural placements generally require the least effort and have the least impact on the counselor education program. Other factors which could conceivably effect the

respondent's ratings of different education approaches include: 1) availability of faculty with expertise in the area, and 2) availability of faculty, considering the small faculty size and large instructional and service loads of many RCE faculty.

Statistically significant differences were found in the ratings of respondents trained in counseling and respondents trained in psychology. Five curriculum offerings (items 3, 5, 20, 21, and 23) were rated significantly more important by respondents trained in counseling, psychology and special education. These items referred to didactic and experiential offerings concerning client advocacy, the appropriateness of traditional counseling techniques, and the effects of counselor-client similarity. These items probably have greater value to professionals who recognize a relationship between environmental, social and political conditions and the successful utilization of rehabilitation programs/services by minority individuals.

Many psychologists and counselors have failed to consider the effect of external factors on client situations. Most practitioners gravitate toward the "intra-psychic model and assume client problems are the result of personal disorganization rather than institutional or societal dysfunctioning" (Atkinson, Morten & Sue, 1983, p. 15). Consequently their therapeutic approach is to attempt to change the individual.

Different groups of counseling professionals, however, have attempted to consider the impact of external socio-cultural factors

on the physical, psychological, and vocational experiences of disabled and nondisabled minorities. Their therapeutic approaches have focused on the individual and the system. For example, Wright (1980) indicates that advocate counselors help individuals and groups maximize their impact on institutions in such a way that the institutions are pressured to meet the needs of the people they were established to serve. Wright continues, "rehabilitation counselors and other human service providers have always performed functions that are advocative in nature" (Wright, 1980, p. 326). Thus advocacy has been an enduring aspect of the rehabilitation practice and some human service fields although it is uncommon in psychology. Because advocacy has been incorporated into the rehabilitation practice, it should be no surprise that rehabilitation professionals value advocacy and think it appropriate for the RCE curriculum.

Conclusions

Members of the National Council on Rehabilitation Education were surveyed to obtain their opinions on the importance of cross-cultural content in the masters degree level RCE program curriculum. This study: a) assessed their opinions about the level of importance of cross-cultural content in the RCE curriculum; b) identified specific educational offerings important in the education of professional rehabilitation counselors; and c) considered the association between respondents' demographic characteristics and the levels of

importance attributed to cross-cultural educational offerings.

The respondents rated 27 of the 32 curriculum offerings as very important to somewhat important. Respondents also identified an additional seven educational offerings or strategies to teach cross-cultural content, which they considered important in the RCE curriculum. None of the respondents' demographic characteristics except academic training, were associated with their ratings. Five curriculum offerings were rated significantly more important by counseling-trained respondents than psychology-trained respondents.

Although the results of this study suggest that many rehabilitation professionals report that cross-cultural content is important in the preparation of rehabilitation counselors, the results provide no indication of the availability of cross-cultural educational offerings in RCE programs. The presence of courses in cross-cultural counseling and supervised experiences with clients of different racial, ethnic, or cultural groups would provide a better indication of the importance of cross-cultural counseling among rehabilitation professionals. Additional research is needed to determine the availability of cross-cultural training in RCE programs.

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Footnotes

[1]The Kruskal Wallis statistic is H. It is distributed as X^2 when K group d.f. > 5.

Table 1

Summary of Respondents' Demographic Characteristics

Characteristic	N	Percent	Characteristic	N	Percent
Sex			**Education Major**		
Male	64	73%	Counseling	63	72%
Female	24	27%	Psychology	14	16%
			Special Education	2	2%
Race			Other	9	10%
Asian American	1	1%			
Black	5	6%	**Major Responsibility**		
Hispanic	2	2%	Teach master stud.	47	53%
Native American	-		Teach bachelor stud.	9	10%
White	83	91%	Teach cont. educ. stud.	6	7%
			Teach voc. eval. stud.	3	3%
Academic Rank			Teach facil. admin. stud.	1	1%
Lecturer	3	3%	Research	5	6%
Instructor	4	5%	Other	17	19%
Asst. Prof.	23	26%			
Assoc. Prof.	25	28%	**Years Employed as Rehabilitation Educator**		
Prof.	25	28%	0-5 years	23	27%
Other	8	9%	6-10 years	33	38%
			11-15 years	16	19%
Highest Degrees			16-20 years	13	16%
Masters	11	13%			
Ph.D. or Ed.D.	64	85%	**Years Employed as Rehabilitation Service Provider**		
Other	2	2%			
			0-5 years	35	40%
			6-10 years	24	28%
			11-15 years	20	23%
			16-20 years	3	3%
			20+ years	5	6%

Table 2

Cross-Cultural Educational Offerings

I. Information and experiences to prepare RCE graduates to:

1. address culturally different client concerns about testing.
2. motivate clients who possess values and life styles different from the counselor.
3. function as advocates for disabled clients also limited by race, ethnicity or culture.
4. teach culturally different clients to serve as their own advocates.
5. assess the appropriateness of their counseling techniques with culturally different clients.
6. assess the usefulness of traditional counseling theories to explain the behaviors of culturally, racially or ethnically different clients.
7. motivate clients whose vocational aspirations may not have been reinforced throughout their life.
8. recognize the limitation of existing assessment procedures with culturally, racially, or ethnically different clients.
9. identify and use cultural resources in the community that may facilitate rehabilitation.
10. value culturally, racially, different clients.

II. Information and experiences to sensitize RCE graduates to:

11. possible language barriers in cross-cultural counseling and strategies to minimize them.
12. life experiences of culturally different clients.
13. special needs and abilities of culturally different clients.
14. the shared experience of culturally different clients as well as their uniqueness.
15. their personal biases which decrease effective cross-cultural counseling.
16. unique verbal and nonverbal behavior of culturally different clients.
17. the historical dissatisfaction of culturally different clients with traditional human service delivery.
18. the relationship between socio-political conditions and rehabilitation success of culturally different clients.
19. unique issues that arise in cross-cultural counseling involving minority counselor-majority client combinations.
20. unique issues that arise in cross-cultural counseling involving a counselor and a client from the same minority group.
21. unique issues that arise in cross-cultural counseling involving a counselor and a client from different minority groups.
22. the benefits of cross-cultural counseling involving minority counselors and majority clients.
23. the benefits of cross-cultural counseling involving minority counselors and a client from a different minority group.

III. Coursework and experience which explore rehabilitation policies and procedures which may tend to:

24. discourage participation by culturally, racially, or ethnically different persons.
25. discourage application by culturally, racially, or ethnically different persons.
26. discourage the acceptance of culturally, racially, or ethnically different applicants.
27. encourage premature termination by culturally, racially, or ethnically different clients.

IV. Educational offerings including:

28. an elective course in cross-cultural counseling.
29. a required course in cross-cultural counseling.
30. several elective courses in cross-cultural counseling.
31. a curriculum specialization in cross-cultural counseling.
32. practicum/internship experiences with clients from various racial, ethnic cultural groups.

Table 3

Rehabilitation Educators' Mean Rating of the Importance of Cross-Cultural Educational Offering in RCE Curriculum

Educational	Frequency of Responses				Summary Statistics		
Offering	VI	I	U	VU	N	$\bar{X}$	SD
1	60	30	1	0	91	1.35	0.50
2	62	25	2	1	90	1.36	0.59
3	46	39	4	1	90	1.56	0.64
4	48	36	7	0	91	1.55	0.64
5	59	28	4	0	91	1.40	0.58
6	39	44	8	0	91	1.66	0.64
7	54	34	2	0	90	1.42	0.54
8	57	32	0	0	89	1.36	0.48
9	55	33	2	1	91	1.44	0.60
10	67	19	4	0	90	1.30	0.55
11	43	47	1	0	91	1.54	0.52
12	41	47	3	0	91	1.58	0.56
13	43	46	2	0	91	1.55	0.54
14	33	52	4	1	91	1.70	0.61
15	51	37	3	0	91	1.47	0.56
16	41	48	2	0	91	1.57	0.54
17	24	56	9	1	90	1.86	0.63
18	26	48	15	1	90	1.90	0.70
19	28	56	6	1	91	1.78	0.61
20	19	57	10	1	87	1.92	0.61
21	24	58	7	1	90	1.83	0.60
22	16	56	18	1	91	2.04	0.65
23	15	58	15	2	90	2.04	0.65
24	37	43	5	4	89	1.73	0.77
25	36	41	9	3	89	1.76	0.77
26	39	37	9	4	89	1.75	0.81
27	39	39	7	4	89	1.73	0.79
28	36	41	6	4	87	1.75	0.78
29	24	39	20	5	88	2.07	0.85
30	9	43	23	11	86	2.42	0.85
31	7	31	36	14	88	2.65	0.84
32	53	34	0	0	87	1.38	0.51

Table 1

Summary of Respondents' Demographic Characteristics

Characteristic	N	Percent	Characteristic	N	Percent
Sex			**Education Major**		
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Asian American	1	1%			
Black	5	6%	**Major Responsibility**		
Hispanic	2	2%	Teach master stud.	47	53%
Native American	-		Teach bachelor stud.	9	10%
White	83	91%	Teach cont. educ. stud.	6	7%
			Teach voc. eval. stud.	3	3%
Academic Rank			Teach facil. admin. stud.	1	1%
Lecturer	3	3%	Research	5	6%
Instructor	4	5%	Other	17	19%
Asst. Prof.	23	26%	**Years Employed as Rehabilitation**		
Assoc. Prof.	25	28%	**Educator**		
Prof.	25	28%	0-5 years	23	27%
Other	8	9%	6-10 years	33	38%
			11-15 years	16	19%
			16-20 years	13	16%

(table continues)

Characteristic	N	Percent	Characteristic	N	Percent
Highest Degrees			Years Employed as Rehabilitation		
			Service Provider		
Masters	11	13%			
Ph.D. or Ed.D.	64	85%	0-5 years	35	40%
Other	2	2%	6-10 years	24	28%
			11-15 years	20	23%
			16-20 years	3	3%
			20+ years	5	6%

Table 2

Cross-Cultural Educational Offerings

I. Information and experiences to prepare RCE graduates to:

1. address culturally different client concerns about testing.
2. motivate clients who possess values and life styles different from the counselor.
3. function as advocates for disabled clients also limited by race, ethnicity or culture.
4. teach culturally different clients to serve as their own advocates.
5. assess the appropriateness of their counseling techniques with culturally different clients.
6. assess the usefulness of traditional counseling theories to explain the behaviors of culturally, racially or ethnically different clients.
7. motivate clients whose vocational aspirations may not have been reinforced throughout their life.
8. recognize the limitation of existing assessment procedures with culturally, racially, or ethnically different clients.
9. identify and use cultural resources in the community that may facilitate rehabilitation.
10. value culturally, racially, different clients.

(table continues)

II. Information and experiences to sensitize RCE graduates to:

11. possible language barriers in cross-cultural counseling and strategies to minimize them.
12. life experiences of culturally different clients.
13. special needs and abilities of culturally different clients.
14. the shared experience of culturally different clients as well as their uniqueness.
15. their personal biases which decrease effective cross-cultural counseling.
16. unique verbal and nonverbal behavior of culturally different clients.
17. the historical dissatisfaction of culturally different clients with traditional human service delivery.
18. the relationship between socio-political conditions and rehabilitation success of culturally different clients.
19. unique issues that arise in cross-cultural counseling involving minority counselor-majority client combinations.
20. unique issues that arise in cross-cultural counseling involving a counselor and a client from the same minority group.
21. unique issues that arise in cross-cultural counseling involving a counselor and client from different minority groups.

(table continues)

22. the benefits of cross-cultural counseling involving minority counselors and majority clients.
23. the benefits of cross-cultural counseling involving minority counselors and a client from a different minority group.

III. Coursework and experience which explore rehabilitation policies and procedures which may tend to:

24. discourage participation by culturally, racially, or ethnically different persons.
25. discourage application by culturally, racially, or ethnically different persons.
26. discourage the acceptance of culturally, racially, or ethnically different applicants.
27. encourage premature termination by culturally, racially, or ethnically different clients.

IV. Educational offerings including:

28. an elective course in cross-cultural counseling.
29. a required course in cross-cultural counseling.
30. several elective courses in cross-cultural counseling.
31. a curriculum specialization in cross-cultural counseling.
32. practicum/internship experiences with clients from various racial, ethnic cultural groups.

Table 3

Rehabilitation Educators' Mean Rating of the Importance of Cross-Cultural Educational Offering in RCE Curriculum

Educational Offering	Frequency of Responses				Summary Statistics		
	VI	I	U	VU	N	$\bar{X}$	SD
1	60	30	1	0	91	1.35	0.50
2	62	25	2	1	90	1.36	0.59
3	46	39	4	1	90	1.56	0.64
4	48	36	7	0	91	1.55	0.64
5	59	28	4	0	91	1.40	0.58
6	39	44	8	0	91	1.66	0.64
7	54	34	2	0	90	1.42	0.54
8	57	32	0	0	89	1.36	0.48
9	55	33	2	1	91	1.44	0.60
10	67	19	4	0	90	1.30	0.55
11	43	47	1	0	91	1.54	0.52
12	41	47	3	0	91	1.58	0.56
13	43	46	2	0	91	1.55	0.54
14	33	52	4	1	91	1.70	0.61
15	51	37	3	0	91	1.47	0.56
16	41	48	2	0	91	1.57	0.54
17	24	56	9	1	90	1.86	0.63

(table continues)

Educatinal	Frequency of Responses				Summary Statistics		
Offering	VI	I	U	VU	N	$\bar{X}$	SD
18	26	48	15	1	90	1.90	0.70
19	28	56	6	1	91	1.78	0.61
20	19	57	10	1	87	1.92	0.61
21	24	58	7	1	90	1.83	0.60
22	16	56	18	1	91	2.04	0.65
23	15	58	15	2	90	2.04	0.65
24	37	43	5	4	89	1.73	0.77
25	36	41	9	3	89	1.76	0.77
26	39	37	9	4	89	1.75	0.81
27	39	39	7	4	89	1.73	0.79
28	36	41	6	4	87	1.75	0.78
29	24	39	20	5	88	2.07	0.85
30	9	43	23	11	86	2.42	0.85
31	7	31	36	14	88	2.65	0.84
32	53	34	0	0	87	1.38	0.51